



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
900 NATURAL RESOURCES DRIVE, STE. 400
CHARLOTTESVILLE, VA 22903
TELEPHONE: (434) 951-6310

REQUEST FOR RELEASE OF MINE MAP

Please Print

Requester Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Name of Mine: _____

Permit Number/Mine Index Number: _____

Reason for request under the Virginia Mineral Mine Safety Act:

- ☐ I own, lease, reside on or have equitable interest in the surface areas or coal or mineral interests within 1,000 feet of the mine. Attached are copies of documents, such as a deed and a plat, proving equitable or mineral interest and showing the location of the interest.
- ☐ I am a representative of the city, county or town of _____ in which the mine is located. Attached is a copy of an official document from the locality requesting the mine map or sections thereof. The city, county or town named above must abide by the provision of 45.1-161.292.37.B. of the Virginia Mineral Mine Safety Act regarding the release of the mine map or sections thereof to other parties.
- ☐ I have written consent from the operator or his agent of the above named mining operation. By the signature below, the operator of this mine or his agent consents to the release of the requested mine map or sections thereof.

According to the Virginia Mineral Mine Safety Act, DMME must have written consent of the operator or his agent of a mine to release copies of a mine map or sections thereof to any person who does not own, lease, reside on or have other equitable interest in the surface areas or coal or mineral interests within 1,000 feet of the mining operation.

Operator/Agent (signature): _____

Address: _____

I certify that all of the information on this form is correct, and that the required documents are attached.

Signature _____ Date: _____

DMME USE ONLY

☐ Approved ☐ Denied By: _____ Date: _____

Mailed/delivered to: _____

By _____ Date: _____